

OPI/State of Montana

REQUEST FOR ACCOMMODATION

**NOTICE:** Please type or print and return to the supervisor or personnel officer. Request assistance from the agency personnel office if needed to complete form. All information received by agency personnel pertaining to your request for a reasonable accommodation is kept confidential. Information obtained or generated in the processing of this request may be released to individuals or agencies participating in evaluation or provision of this accommodation. This information is maintained separate from personnel records.

Employee/Applicant's name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Employee/Applicant's SSN: \_\_\_\_\_

Home address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_(work) \_\_\_\_\_(home)

Department/Division/Bureau: \_\_\_\_\_

Job title: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

Accommodation(s) requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for needing an accommodation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant or Employee)

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**For Agency Use Only**

Person receiving request \_\_\_\_\_ Date: \_\_\_\_\_  
(name and title)

